



## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 020573  
In Re Application of: J. Rodney Walton et al.  
Serial Number: 10/693,532  
Filed: October 23, 2003  
Examiner: Saba Tsegaye  
Group Art Unit: 2662

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	41	41	0	x \$50 =	\$0
Independent**	7	7	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0
EXTENSION FEES				<input type="checkbox"/> One Month	\$120
				<input checked="" type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$0
				<b>TOTAL FEE</b>	<b>\$450</b>

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$450.00.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: January 11, 2005

Signature:

Rupit Patel; Reg. No. 53,441  
(858) 651-7435

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Sheryl Schoen  
(type or print name)

Signature:

Date: January 11, 2005

## FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_